

0-4 (1106.43)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/620,896</u>		FILING DATE			
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
NO	DEF	NO	DEF	NO	DEF			NO	DEF	NO	DEF
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57			
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41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL NO.		3						TOTAL NO.			
TOTAL DEP.		17						TOTAL DEP.			
TOTAL CLAIMS		20						TOTAL CLAIMS			